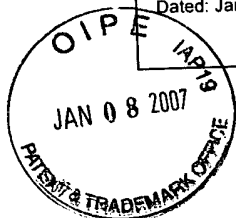


I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 3, 2007

Signature: 

(Kevin M. Kocun)



Docket No.: SPINE 3.0-395 CONT
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Markworth et al.

Application No.: 10/655,440

Filed: September 4, 2003

For: SYSTEM FOR USE IN SPINAL
STABILIZATION

:
:
:
:
: Group Art Unit: 3733
:
: Examiner: M. Hoffman
:
:
:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

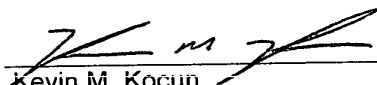
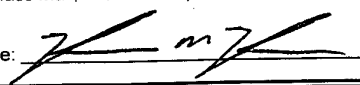
Dear Sir:

In response to the Official Action mailed October 10, 2006, Applicants submit the following amendments and remarks.

01/09/2007 YPOLITE1 00000010 121095 10655440
01 FC:1202 100.00 DA
02 FC:1201 400.00 DA



IFW/S

AMENDMENT TRANSMITTAL LETTER				Docket No. SPINE 3.0-395 CONT	
Application No. 10/655,440-Conf. #6452		Filing Date September 4, 2003		Examiner M. Hoffman	
				Art Unit 3733	
Applicant(s): Aaron Markworth and Yves Crozet					
Invention: SYSTEM FOR USE IN SPINAL STABILIZATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 23 =	2	x 50.00	100.00
Independent Claims	5	- 3 =	2	x 200.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					500.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-1095</u> in the amount of \$ <u>500.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Kevin M. Kocun Attorney/Agent Reg. No.: 54,230				Dated: <u>January 3, 2007</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6383					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Dated: January 3, 2007		Signature:  (Kevin M. Kocun)			